

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO.   | DATE     |
|---------------------------|----------|----------|----------|
| FEE DETERMINATION         |          |          |          |
| O.I.P.E. CLASSIFIER       |          | 10       | 2-9-01   |
| FORMALITY REVIEW          | BZ       | TC 3-883 | 02-27-01 |
| RESPONSE FORMALITY REVIEW |          |          |          |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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10-17